

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

6276

1. PLACE OF DEATH:

County SteeleCity or town Rock Hall Rd and
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution? would

3. (a) FULL NAME

George Ingram Clarkson

4. Sex

Male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ethel Clarkson

7. Birth date of deceased (mo., day, yr.)

8-27-1884

8. AGE:

63 Years10 Months7 Days

If less than one day

hrs.

min.

9. Birthplace

West Co. and
(Town, county, or State)

10. Usual occupation

Farm laborer

11. Industry or business

Farm laborer

MOTHER FATHER

12. Name

George Clarkson

13. Birthplace

West Co. and

14. Maiden name

Wm. Storrs

15. Birthplace

West Co. and

16. Informant

Ethel Clarkson (wife)

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

July 2, 1948
(month) (day) (year)

Cemetery or crematory

Sharptown

Location

Near Rock Hall, Kent Co. Maryland

18. Funeral director

Wm. V. Williams

Address

Chesapeake, Maryland

19. (Date rec'd by registrar)

July 4, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED

(newborn infants give residence of mother)

State MarylandCounty WestCity or town Rock Hall Rd and
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1948 at 5 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

death and that I am a physician and that I am duly licensed to practice medicine in the State of Md.Cause of death MyocarditisDuration 3 yrsOther conditions DiabetesMajor findings of operations wouldAutopsy results would

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Heart Injured at work? no23. SIGNATURE Dr. J. W. Williams M. D. or otherAddress Chesapeake, Md. Date signed July 1, 1948

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7 18
1948-8-29
63-10-7
1884-8-22

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JUL 7 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County St. Mary's
 City or town St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 minutes
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 20 minutes

3. (a) FULL NAME

Charles Henry Okey

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ella Okey

7. Birth date of deceased (mo., day, yr.)

April 11, 1889

8. AGE:

59 years 2 months 11 days 0 hrs. 0 min.

9. Birthplace

Queen Anne's and St. Mary's

10. Usual occupation

Stock raiser

11. Industry or business

Same as usual occupation

12. Name

Samuel C. Okey

13. Birthplace

St. Mary's

14. Maiden name

Virginia M. Okey

15. Birthplace

Queen Anne's and St. Mary's

16. Informant

Corruptor and

Address

St. Mary's

17. Burial

June 25-48

Cemetery or crematory

Crumpton Cem.

Location

Crumpton 2nd

18. Funeral director

Edith L. Lane

Address

St. Mary's

19. Date rec'd by registrar

June 25, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother
 State Maryland County Queen Anne's
 City or town St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 100
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 22, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to 1948 and that I last saw him on June 22, 1948 at St. Mary's and that I signed the death certificate on June 22, 1948 at St. Mary's

Immediate cause of death

Corruptor and

Duration

10 days

Due to

St. Mary's

Due to

St. Mary's

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of June 22, 1948

Where did injury occur? St. Mary's (City or town) St. Mary's (County) St. Mary's (State)

Injured at home, farm, industry, public place (where?) St. Mary's

Means of injury St. Mary's Injured at work? None

Signature St. Mary's Date signed June 23, 1948

Address St. Mary's Date signed June 23, 1948

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JUN 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6278

Reg. Dist. No. 2021

1. PLACE OF DEATH:

County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Kent and Green AnnesHow long in hospital or institution? 3 days

3. (a) FULL NAME

Serena Farrell

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife Charles Farrell6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) April 15, 18858. AGE: Years Months Days If less than one day
63 2 13 hrs. min.9. Birthplace Green Anne Co.; Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Carroll13. Birthplace Mississippi14. Maiden name Moffett Potts15. Birthplace MARYLAND16. Informant Wm. P. RichardsAddress Chestertown, Md17. Burial Date thereof July 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BonntownLocation Bonntown, Md.18. Funeral director Edward HallowsAddress Millington, Md.19. June 29, 1948 Clara S. Barner
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Millington (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948 at 2:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 16, 1948 to June 28, 1948and that I last saw her alive on June 27, 1948Immediate cause of death Cerebral hemorrhage DURATION 14 hrs.Due to Hypertension Years

Due to _____

Other conditions Diabetes mellitus 1 year?Fibroma uteri Years
(Include pregnancy within 3 months of death)Major findings at operations Large fibroma uteri Date of op. 6-26-48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. B. Dick M. D.Address Chestertown, Md Date signed 6-28-48

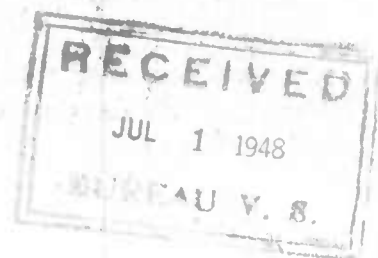
MARGIN RESERVED FOR BINDING

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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 years
Hospital, institution, or street address where death occurred:
Kentland Green Quins Hospital
How long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 100 High Street
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Mabel Thompson Foley

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White MARRIED

6.(b) Name of husband or wife Thomas J. Foley

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) JANUARY 23, 1889

8. AGE: Years Months Days If less than one day
59 4 15 hrs. min.

9. Birthplace West Elizabeth, PENN.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Thompson

13. Birthplace England

14. Maiden name Bell M^{rs} Vay

15. Birthplace Penn.

16. Informant Hosp. Records

Address Chestertown, Md

17. Burial Date thereof 6/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestertown

Location Chestertown, Maryland

18. Funeral director Marion V. Williams

Address Chestertown, Maryland

19. June 16 19 48 Claire S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 14 19 48 11³⁵ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 19 48 to June 14 19 48
and that I last saw her alive on June 14 19 48

Immediate cause of death Peripheral circulatory collapse DURATION 20 days

Due to Chronic myocarditis 12 mos.

Due to auricular fibrillation and decompensation 3 mos.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mans of injury _____ Injured at work? _____

23. SIGNATURE A. P. Sick, M.D.
M. D. or other _____

Address Chestertown, Md Date signed 6-15-48

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. An incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County CentCity or town Betterton and
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CentCity or town Betterton and
(If outside city or town limits, write RURAL and give nearest town)Street No. Arneson and
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Leonora B Geber

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Charles J Geber

7. Birth date of deceased (mo., day, yr.)

Feb 5 18936. (c) If alive, give age 58 years

8. AGE:

Years

Months

Days

If less than one day

58411

hrs.

min.

9. Birthplace

Philadelphia Pa
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

George Carthy

13. Birthplace

Philadelphia Pa

MOTHER

14. Maiden name

Sallie M Garland

15. Birthplace

Philadelphia Pa

16. Informant

Charles J Geber

Address

Betterton and

17.

Burial
(Burial, cremation, or removal, Which?)Date thereof June 21/48
(month) (day) (year)

Cemetery or crematory

Int Maria

Location

Philadelphia Pa

16. Funeral director

B.R. Wellons

Address

Still Pond and

19.

June 19 48
(Date rec'd by registrar)19 48J. McLaugh

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 11:58 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 11 1947 to date 19 48and that I last saw her alive on about 2 weeks ago 19 48

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Hypertension

Due to

Arterio sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

James Edwin Dedman M.D.
M. D. or other

Address

PO Box 19 - Betterton, Md.Date signed June 17 - 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 6 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6281

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

109 Queen St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)Street No. 109 Queen St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Narry Childs Hughes

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mary Mc Mahon Hughes6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

May 10 1872

8. AGE:

Years

Months

Days

If less than one day

76028

hrs.

min.

9. Birthplace

Smithsburg, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Dentist

11. Industry or business

FATHER

12. Name

William Daniel Hughes

13. Birthplace

Waynesboro Pa.

MOTHER

14. Maiden name

Barbara A. Py

15. Birthplace

Waynesboro Pa.

16. Informant

Mrs. Mary M. Hughes (Wife)

Address

Chesapeake, Maryland

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

June 9, 1948
(month) (day) (year)

Cemetery or crematory

Union Ridge

Location

Baltimore Maryland

18. Funeral director

Mar. V. Williams

Address

Chesapeake, Maryland

19.

June 8, 1948Clara S. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1948, to 6-7, 1948and that I last saw him alive on 6-7, 1948

Immediate cause of death

Probable coronary thrombosis

DURATION

3 days

Due to

myocarditis10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]

M. D. or other

Address

Chesapeake, Md.Date signed 6-8-48

Stenburgh

1948
76
1872

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JUN 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Kent
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?..... —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Catherine Jacobs

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... Wh. 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Frank Jacobs
 7. Birth date of deceased (mo., day, yr.)..... Sept 30 1890 6.(c) If alive, give age..... 58 years
 8. AGE: Years..... 57 Months..... 8 Days..... 18 If less than one day..... hrs. min.

9. Birthplace..... Rock Hall, Md
 (Town, county, and state)
 10. Usual occupation..... Housework
 11. Industry or business..... own home
 12. Name..... Samuel Thomas Wris
 13. Birthplace..... Rock Hall, Md
 14. Maiden name..... Auntie Virginia Durney
 15. Birthplace..... Rock Hall, Md

16. Informant..... Frank Jacobs
 Address..... Rock Hall, Md
 17. Burial Date thereof..... June 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Wesley Chapel Cemetery
 Location..... Rock Hall Md
 18. Funeral director..... Edgar L. Lane
 Address..... Church Hill Md
 19. June 21 19 48 S. Edward Burgess
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

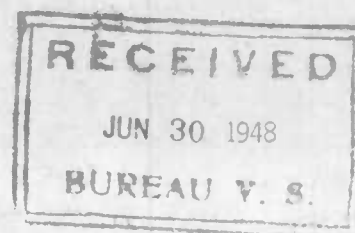
20. DATE OF DEATH..... June 18 19 48 at..... 7:57 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 6 19 48 to June 18 19 48
 and that I last saw him alive on June 18 19 48
 Immediate cause of death.....
Cerebral Hemorrhage
Paralysis of right
 Due to.....
Hypertension
 Due to.....
arteriosclerosis
 Other conditions.....
chronic atherosclerosis
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Albert A. Burgard M. D. or other
Rock Hall, Md Date signed..... 6/18/48
 Address.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: Kent
 County.....
 City or town Chester town
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 hours
 Hospital, institution, or street address where death occurred:
Kent and Queen Annes Hospital
 How long in hospital or institution? 10 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MARYLAND County Queen Annes
 City or town Rural - Suddersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Walter Clarence Johnson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr) about 1893
 8. AGE: Years 55 Months Days If less than one day
 hrs. min.

9. Birthplace Johnson City, Tenn.
 (Town, county, and state)
 10. Usual occupation Farm laborer
 11. Industry or business

12. Name Arthur Johnson
 13. Birthplace Powell, Pennsylvania
 14. Maiden name Robina Drysdale
 15. Birthplace Scotland

16. Informant Hosp. Records
 Address Chestertown, Md.
 17. Burial Date thereof June 11-48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Church Hill
 Location Church Hill Md
 18. Funeral director Edgar L. Lane
 Address Church Hill Md

19. June 11 19 48 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 48 at 11²⁰ P. M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
June 8 19 48 to June 8 19 48
 and that I last saw him alive on June 8 19 48
 Immediate cause of death
Peripheral circulatory collapse
 DURATION
18 hours
 Due to Massive cardiac infarct
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A.C. Sick, M.D.
 M. D. or other
 Address Chestertown, Md Date signed 6-9-48

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 14 1948

BUREAU V. 3.

6284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: Home
County Queen (Ches to form RD)
City or town all life
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Keet
City or town Queen Keet to and
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1200
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME Elmer Lee Joiner

3. (b) Social Security Number 217-01-7920

4. Sex Male 5. Color or race White 6. (c) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Margaret W. Joiner

7. Birth date of deceased (mo., day, yr.) May 4, 1883 6. (c) If alive, give age 57 years

8. AGE: Years 65 Months 1 Days 15 If less than one day hrs. min.

9. Birthplace Keet to and
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Builder

12. Name Chas. Joiner

13. Birthplace Keet to and

14. Maiden name Margaret Lee

15. Birthplace Keet to and

16. Informant Margaret W. Joiner
Ches to form RD (wife)
Address

17. Burial Date thereof June 22, 1948
(Burial, cremation, or removal. Which?)
Cemetery or crematory Chester
Chestertown, Md.
Location

18. Funeral director B. R. Wellows
Address Still Pond Md

19. June 22 1948 J. M. Leach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1948 1948 at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about 2 hrs before death to 19 and that I saw the body as given by med friend person
Immediate cause of death as given by med friend DURATION

Due to chronic
Due to chronic
Other conditions person

(Include pregnancy within 8 months of death)
Major findings of operations bone
Autopsy results bone
Date of op. bone
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of bone
Where did injury occur? bone
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury fracture of arm Injured at work no
Signature Ches to form RD
Address Ches to form RD Date signed June 21/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

I. PLACE OF DEATH:

County Kent
 City or town Betterton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 hrs
 Hospital, institution, or street address where death occurred:
none
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Delaware County _____
 City or town Odessa
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Joseph Edward Kumpel

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Vida Kumpel
 6.(c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.) June 30, 1901
 8. AGE: Years 46 Months 11 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Delaware
 (Town, county, and state)
 10. Usual occupation Plumber
 11. Industry or business Plumbing
 12. Name Herman Kumpel
 13. Birthplace Delaware
 14. Maiden name Flourance Alfrie
 15. Birthplace Delaware

16. Informant Mrs. Vida Kumpel
 Address Odessa, Delaware
 17. Burial Date thereof July 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Graviers
 Location Near Odessa, Delaware
 18. Funeral director B.R. Fellows
 Address Still Pond, Md.
 19. June 30, 1948 Registrar J. H. Sisk
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 28, 1948
 2E. I CERTIFY that death occurred on the date above stated, that I attended deceased from _____
 and made _____
 Immediate cause of death fracture skull
 Due to fall
 Due to fall
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none
 Date of op. _____
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide fall from porch Date of June 28, 1948
 Where did injury occur? Betterton, Kent (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) yes
 Means of injury fall from porch Injured at work? yes
 23. SIGNATURE J. H. Sisk D. or other _____
 Address Betterton, Md. Date signed June 29, 1948

RECEIVED

JUL 6 1948

BUREAU V. S.

940

Reg. Dist. No. 202

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Penna. County

City or town Landsdowne

(If outside city or town limits, write RURAL and give nearest town)

Street No. 190 W. Marshall Rd.

(If rural, give LOCATION)
no

2.(a) If veteran, name war

4. Sex male	5. Color or race white	6. (a) Single, married, widowed, or divorced married
8. (b) Name of husband or wife Elizabeth Bessemer living		6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 12, 1901		
8. AGE:	Years	Months
47	3	12
If less than one day		hrs. min.

	9. Birthplace.....	Hungary (Town, county, and state)
	10. Usual occupation.....	Office Manager
	11. Industry or business.....	Homelite Corp.
FATHER	12. Name.....	Armin Lowey
	13. Birthplace.....	Hungary
MOTHER	14. Maiden name.....	Julia unknown
	15. Birthplace.....	Hungary

16. Informant..... E.H. Stanton
Address..... Franklin Ave - Nutley, N.J.
17. Burial..... Date thereof..... June 28, 1948
(Burial, cremation, or removal. Which?)..... (month) (day) (year)
Cemetery or crematory..... East Ridgelawn Cem.
Location..... Clifton- Passaic Co. - N. J.
18. Funeral director..... J. Willis Wells
Address..... Chestertown, Md.

19 June 24, 1948 Date rec'd by registrar

20. DATE OF DEATH..... June 28..... 1978..... at..... M
21. I CERTIFY that this occurrence on the date above stated: that I attended deceased and
did not have any other person alive..... 1978.....
and that I have signed.....
Machine and Original..... DURATION

Cerebral Thrombosis

Due to.....

Due to.....

Differential conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Anatomy.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....no..... Date of

Where did injury occur?none.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mean of injury.....Hand Gun..... Injured at work?

To. Signature.....[Signature]..... M. D. or other

Address.....Ballybarnon rd..... Date signed.....6/24/68.....

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6287

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent and md.City or town Lynch (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Lynch (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Amanda C Lynch

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married6.(b) Name of husband or wife William T Lynch6.(c) If alive, give age 86 years7. Birth date of deceased (mo., day, yr.) May 16 18658. AGE: Years 83 Months 1 Days 13 If less than one day _____ hrs. _____ min.9. Birthplace Georgetown, Del. (Town, county, and state)10. Usual occupation housewife11. Industry or business wife12. Name Michael Hastings13. Birthplace Georgetown, Del.14. Maiden name Rachel Hastings15. Birthplace Georgetown Del16. Informant William T. LynchAddress Lynch md.17. Burial Date thereof July 2 1948 (Burial, cremation, or removal. Write (month) (day) (year))Cemetery or crematory ChesterLocation Chestertown md.18. Funeral director B R HillierAddress Still Pond md.19. July 14 1948 McLaur (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 9:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to June 28 1948and that I last saw him alive on June 28 1948Immediate cause of death sudden

DURATION

Coronary Sclerosis 1 yearDue to and Occlusion

Due to _____

Other conditions Endo Sarcoid disease 5 years

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank W. Smith M. D. or otherAddress Chestertown Md Date signed June 30/48

RECEIVED

JUL 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Heet
City or town Heet
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Theodore Othron

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Marta Othron

7. Birth date of deceased (mo., day, yr.)

June 30, 1867

6. (c) If alive, give age

78 years

8. AGE:

80 Years 11 Months 25 Days + If less than one day
hrs. min.

9. Birthplace

Delaware
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Farming

12. Name

Theodore Othron

13. Birthplace

Delaware

14. Maiden name

Elizabeth Bonoho

15. Birthplace

Delaware

16. Informant

Marta Othron / wife

Address

Heet

17. (Burial, cremation, or removal. Which?)

Burial

Cemetery or crematory

St. John's

Location

Heet

18. Funeral director

Edward C. Brown

Address

Heet

19. Date rec'd by registrar

June 15 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Heet
City or town Heet
(If outside city or town limits, write RURAL and give nearest town)
Street No. Heet
(If rural, give LOCATION)

2. (a) If veteran, name war

Heet

3. (b) Social Security Number

Heet

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 14 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 14 1948

and that I last saw him alive on June 9 1948

Immediate cause of death

Myocardial Infarction

Due to

Arterio Sclerosis

Due to

Heet

Other conditions

Heet

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of Heet

Where did injury occur? Heet (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Heet

Means of injury Heet Injured at work? Heet

23. SIGNATURE Heet M. or other Heet

Address Heet Date signed June 16 1948

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Bent
 City or town Millington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Del. County _____
 City or town Brown Chapel
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Clementine V. Pratt

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John Pratt
 7. Birth date of deceased (mo., day, yr.) Aug 11 1874
 8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Del.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Obadiah Washell13. Birthplace Del.14. Maiden name Anna Goyright15. Birthplace Del.16. Informant Mrs. Charles WarnerAddress Millington Md.17. Burial Date thereof July 2 1948
(Burial, cremation or other final disposition) (month) (day) (year)Cemetery or crematory WorthyLocation Worthy Del.18. Funeral director Edward FellowsAddress Millington Md.19. July 1 19 48 Edward Fellows
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 48 at 11 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 48 to June 25 19 48and that I last saw her alive on June 25 19 48Immediate cause of death UremiaDue to Chronic Interstitial NephritisDue to Chronic Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. J. Davis M. D. or otherAddress Wilmington Date signed 7/1/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FORM No. G 116 JUL 2 1948 **CERTIFICATE OF DEATH**

Reg. Dist. No. 283

1. PLACE OF DEATH: Home
County Rock
City or town Stall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For new-born infants give residence of mother)
State Maryland County Kent
City or town Rock Stall
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME
William T. Smith

3. (b) Social Security Number

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Henry H. Smith

7. Birth date of deceased (mo., day, yr.) Sept 21, 1873 1872

8. AGE: Years 75 Months 9 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Household work

11. Industry or business Household

12. Name William T. Smith

13. Birthplace Washington D.C.

14. Maiden name Smith

15. Birthplace Washington D.C.

16. Informant For the same person

Address Rock Stall

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 27, 1948
(month) (day) (year)

Cemetery or crematory Sharptown (Col.) Cem.

Location Rock Hall, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. June 26, 1948 S. Elwood Binger
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 1948, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him alive on _____

Immediate cause of death Myocardial infarction LOCATION Heart

Due to Myocardial infarction Myocardial infarction

Due to Myocardial infarction Myocardial infarction

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Heart Injured at work? None

23. SIGNATURE S. Elwood Binger M.D. or other _____

Address Rock Stall Date signed 6/24/48

RECEIVED

JUN 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County..... Kent
 City or town..... Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... life
 Hospital, institution, or street address where death occurred:
High St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elizzie M. Corey Smyth

3. (b) Social Security Number

no

4. Sex..... female 5. Color or race..... white 6. (a) Single, married, widowed, or divorced..... married
 8. (b) Name of husband or wife..... Wm. G. Smyth
living 8. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Feb. 7, 1870
 8. AGE: Year..... 78 Month..... 3 Day..... 24 If less than one day..... hrs. min.

9. Birthplace..... Kent Co. Maryland
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Albert L. Corey
 13. Birthplace..... New Hampshire
 14. Maiden name..... Sarah C. Smith
 15. Birthplace..... New Hampshire

16. Informant..... Wm. G. Smyth (Husband)
 Address..... Chestertown, Md.

17. Burial..... Date thereof..... June 3, 1948
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... St. Paul Cem.
 Location..... near - Chestertown, Md.

18. Funeral director..... J. Willis Wells
 Address..... Chestertown, Maryland

19. June 1 19 48 Clara L. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 1st 19 48 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 19 44 to..... May 31 19 48
 and that I last saw her alive on..... May 31 19 48
 Immediate cause of death..... Acidosis 2 years

Due to..... Ascending Myelitis 3 years

Due to.....
 Other conditions..... Neuroplegia. without 8 years

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Frank W. Smith M.D. or other
Chestertown, Md. Date signed..... June 1/48
 Address.....

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County..... Kent
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Rock Hall, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Medford Taylor

3. (b) Social Security Number

4. Sex..... M. 5. Color or race..... Wh. 6. (a) Single, married, widowed, or divorced..... married

8. (b) Name of husband or wife..... Eva Taylor

7. Birth date of deceased (mo., day, yr.)..... Mar Feb 5 1874 8. (c) If alive, give age..... 70 years

8. AGE: Years..... 74 Months..... 4 Days..... 13 If less than one day..... hrs. min.

9. Birthplace..... Rock Hall, Md.
 (Town, county, and state)

10. Usual occupation..... hatter

11. Industry or business..... self.

12. Name..... Joseph M. Taylor

13. Birthplace..... Rock Hall, Md.

14. Maiden name..... Mary Eliza Boney

15. Birthplace..... Rock Hall, Md.

16. Informant..... Dr. Medford Taylor

Address..... Baltimore, Md.

17. Burial Date thereof..... June 21, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Wesley Chapel Cemetery

Location..... Rock Hall, Md.

18. Funeral director..... Edgar L. Lane

Address..... Church Hill, Md.

19. June 21 19 48 S. Elwood Burgess

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 18 19 48 at 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 19 48 to June 18 19 48

and that I last saw him alive on June 18 19 48

Immediate cause of death..... R. m. spotted fever

Due to..... chronic endo-myocarditis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... S. Elwood Burgess

Address..... Rock Hall, Md. Date signed..... 6/18/48

RECEIVED

JUN 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6293

830

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

96

2

17

hrs.

min.

9. Birthplace.....

(To county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17.

(Burial, cremation, or removal, Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19.

(Date rec'd by registrar)

June 22 19 48

Class S. Barnes.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 19

19 48

at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-19

19 48

to

6-19

19 48

and that I last saw him alive on

6-19

19 48

Immediate cause of death.....

Cerebral hemorrhage

Due to.....

arterial hypertension in

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

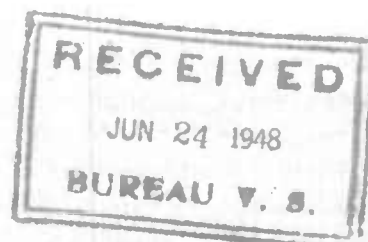
M. D. or other

Address.....

Chesertown, Md.

Date signed..... 6-21-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Rock Hill CoCity or town Rock Hill Co
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? noneHospital, institution, or street address where death occurred: noneHow long in hospital or institution? none

3. (a) FULL NAME

James Herbert Jurel4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ella Jurel7. Birth date of deceased (mo., day, yr.) March 21, 18666. (c) If alive, give age 66 years8. AGE: Years 57 Months 3 Days 7 It less than one day hrs. min.9. Birthplace Balto Co Md
(Town, county, and state)10. Usual occupation Farm laborer11. Industry or business Farming12. Name Mr. Jurel13. Birthplace Maryland14. Maiden name unknown15. Birthplace unknown16. Informant Ella Jurel (wife)Address Rock Hill Co Md17. Burial Date thereof June 24-48
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory St. Paul Cem.Location Fauler Md18. Funeral director Ella L. JurelAddress Church Hill Md19. June 24, 1948 S. Elwood Bugeese
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Rock Hill CoCity or town Rock Hill Co
(If outside city or town limits, write RURAL and give nearest town)Street No. none
(If rural, give LOCATION)2. (a) If veteran, name war none

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1948 at 48 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from admission to hospital and that I last saw him alive on June 21, 1948 at Rock Hill Co MdImmediate cause of death: MalnutritionDURATION 1 yrDue to MalnutritionDue to MalnutritionOther conditions none

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. noneAutopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of noneWhere did injury occur? none (City or town) (County) (State)Injured at home, farm, industry, public place (where?) noneMeans of injury none Injured at work? none23. SIGNATURE James H. Jurel D. or other noneAddress Rock Hill Co Md Date signed June 24, 1948

RECEIVED

JUN 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Denbeigh
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Howard Lloyd Fonderly

3. (b) Social Security Number

4. Sex m. 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Eunice Fonderly
 6. (c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) Nov 2 1869
 8. AGE: Years 78 Months 7 Days 20 It less than one day
 hrs. min.

9. Birthplace Baltimore Md
 (Town, county, and state)
 10. Usual occupation retired
 11. Industry or business Western Union
 12. Name Joseph J. Fonderly
 13. Birthplace Pennsylvania
 14. Maiden name Lucy Clay
 15. Birthplace England

16. Informant Mr Eunice Fonderly
 Address Rock Hall, Md.
 17. Burial Burial Date thereof June 25 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Wesley Chapel Cemetery
 Location Rock Hall, Md.
 18. Funeral director Edgar L. Lane
 Address Clunch Hill Md
 19. June 23 19 48 L. Elwood Burgess
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 48 at 7:20 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 19 48 to June 22 19 48
 and that I last saw him alive on 6-1 19 48
 Immediate cause of death chronic hyperactivity
arteriosclerosis
hypertension
Arrhythmia, Cystitis
Renal Decondition
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Albert G. Burghard M. D. or other
Rock Hall, Md Date signed 6/22/48
 Address

RECEIVED

JUN 30 1948

BUREAU V. S.